

Preface

**Greatness resides in every child
and it is our task to uncover it.**

— *Maurice Elias*

PURPOSE

The *State of Maine Guidelines for Coordinating School Health Programs* has two primary purposes. The first purpose is to focus discussion on and develop consensus concerning the role of schools in contributing to youth health and education. It is designed to be a partner document to the *State of Maine Learning Results*, the *Maine Marks* and *Healthy People 2010* health objectives for the nation. The guide is based on the premise that:

- All students should have the opportunity to be fit, healthy and ready to learn.
- Schools and communities need to work collaboratively so they are ready to help children become healthy, productive citizens.
- Healthy children make better students, and better students make healthy communities.
- Students' physical, social, and emotional development needs ongoing support and assessment as does their academic development.

The second purpose of the guide is to provide general directions and assessment indicators for local schools regarding the development of coordinated and quality school health programs.

BACKGROUND OF MAINE'S INITIATIVE

Maine is one of twenty states to receive funding from the US Centers for Disease Control and Prevention, Division of Adolescent and School Health, to establish a statewide system for coordinating school health programs. The grant supports the creation, improvement and sustainability of a system for coordinating the school-related programs and services of Maine state agencies. This system is designed, in turn, to help support and guide local Maine communities as they promote the health and learning of all students.

ORGANIZATION OF THE GUIDE

There are nine sections in *State of Maine Guidelines for Coordinating School Health Programs*. Section A describes the critical process for coordinating all of the activities that contribute to healthy schools and healthy students. Section B through Section I provide details about the eight components of a quality and coordinated program, as identified by the Centers for Disease Control.

The organization of the component sections is modeled after the *State of Maine Learning Results* (1997) which identifies essential knowledge and skills to be achieved by all Maine Students. Each component section has four parts:

- Component definition and rationale
- Guidelines (for quality programming)
- Indicators (descriptors for measuring progress in implementing a quality component).
- Resources (State and national organizations and contact people, as well as web sites and print resources that can support implementation).

The organization of the coordination section is somewhat different from that of the component sections. It provides:

- A definition, description and rationale for coordinating school health programs.
- Best practices in coordinating school health programs (equivalent to the *guidelines* for the component areas)
- Steps to coordinate a school health program. (These steps can also be used as indicators to monitor the progress of the coordination process).

The pages for each section are numbered independently to facilitate use by health professionals with primary responsibility for one or two components. **It is always recommended that component area leaders use and distribute the first section on coordination with the guidelines for the individual component areas in order to improve coordination and cooperation.**

A WORK IN PROGRESS

Health knowledge and services are expanding and changing rapidly. In order to stay current this document will be reviewed and revised annually. Revisions will be electronically posted on the Maine school health web site at www.maineeshp.com. Your feedback is always welcome and may be sent via the web site.

Thanks again to the many people who have contributed to this document. We hope that readers will find it helpful in addressing the health and education needs of students.

Guidelines for Coordination



**Healthy kids make
better students.
Better students make
healthy communities.**

Nora Howley, CCSSO 1999



School systems are not responsible for meeting every need of their students. But where the need directly affects learning, the school must meet the challenge. So it is with health.

— Carnegie Council on Adolescent Development, 1991

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DESCRIPTION OF A COORDINATED SCHOOL HEALTH PROGRAM

A coordinated school health program is an effective system designed to connect health with education. This coordinated approach to school health improves students' health and their capacity to learn through the support of families, communities and schools.

DEFINITION

A model that is commonly used for organizing a quality school health program consists of eight interrelated components (Kolbe and Allensworth, 1987). The components have been adapted as follows for Maine:

School Nutrition and Food Services: Food and snacks available at school and at school events that are balanced and nutritious.

Physical Education and Physical Activity: Physical education classes that promote physical fitness, motor skills, social and personal interaction and life-long physical activity.

Comprehensive School Health Education: Kindergarten through high school health education curriculum that is sequential and developmentally appropriate, and that includes instruction and assessment.

School Climate: A school atmosphere supported by programs and policies that nurture positive behavior, assure safety, and promote a feeling of belonging and respect for all students, staff and families.

Physical Environment: Safe and aesthetic physical structures, school grounds and transportation.

Youth, Parent, Family and Community Involvement: Participation of these groups in policy and program development and integration of community providers with schools.

School Counseling, Physical and Behavioral Health Services: Physical health and behavioral health services, including substance abuse services, that meet the needs of all students.

Health Promotion and Wellness: Work-site health promotion programs that encourage and support staff in pursuing healthy behaviors and lifestyles.

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RATIONALE FOR COORDINATING SCHOOL HEALTH PROGRAMS

A coordinated approach:

- Provides a more efficient and effective way to use existing resources to meet the needs of students and staff. Currently funding for school programs is often categorical (issue specific) and programs are fragmented, with many gaps and overlaps.
- Contributes to the equality of students' opportunity to learn and to achieve Maine's *Learning Results* criteria across school systems.
- Increases the potential impact of individual components. (Allensworth, 1994).

There is evidence that shows the positive impact of one or more components on student health and learning outcomes. School administrators (McKenzie and Richmond, 1998) also report that coordinating health initiatives results in:

- Reduced absenteeism
- Fewer classroom behavior problems
- Improved academic performance
- Greater interest in healthy diets
- Increased participation in fitness activities
- Delayed onset of certain health risk behaviors
- Less smoking among students and staff
- Lower rates of teen pregnancy

It is anticipated that these positive effects on student and staff health will in turn help to achieve the *Healthy People 2010* overall goals of:

- increasing the quality and years of healthy life, and
- eliminating health disparities (U.S. Department of Health and Human Services, 2000).

BEST PRACTICES

Education and health professionals have learned a great deal about "best practices" for promoting healthy schools and students. If this knowledge were broadly applied in schools and communities, the potential impact on health and learning would be substantial. Implementation of best practices would transform our schools and go beyond "tinkering at the margins of the health and educational attainment of our children" (Degraw, 1994).

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Experts in school health generally agree that quality programs share the following elements:

SCHOOL HEALTH PROGRAM ELEMENTS OF EXCELLENCE

1. Administrative support and commitment

- School and district administrators view health promotion as an essential part of the education mission of the school and provide public support and resources for the program.

2. A coordinator

- A competent and properly prepared professional is designated to coordinate school health program/school health team activities.

3. A collaborative/team approach

- A school health advisory group(s) with a common vision meets regularly and has clearly defined roles and established priorities.

4. Strong school/community links

- The school builds partnerships with families, community organizations and the community at large.
- The school health program links with other health and social service providers and programs in the community to increase access to services.

5. Adequate time and funding

- School health activities, the coordinator and school health advisory group(s) are supported by resources and time over multiple years.

6. Professional development

- Coordinators and other staff receive training that helps them to work collaboratively across disciplines and with families and community groups.

7. A safe and supportive environment for staff and students

- Policies and programs promote clear, high expectations and positive health choices for staff and students.
- Consistent and reinforcing health-enhancing messages are communicated and modeled by multiple sources (e.g. nutrition education is reinforced by lunchroom offerings).

STEPS AT A GLANCE

The following is a snapshot of the steps for coordinating quality school health programs. For more detailed information and sample tools for completing the steps, refer to the Resource List at the end of this section, or contact the Director of Coordinated School Health Programs at the Maine Department of Education or Department of Human Services to obtain a copy of the *School Health Coordinator Toolbox*.

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The steps describe essential structures and processes, and are divided into five categories or stages:

- T Establishing Essential Structures
- T Assessing Need
- T Planning
- T Implementation and Evaluation of Process
- T Evaluation, Celebration and Sustainability

The order of the steps may vary in different school administrative units. Also, steps may occur simultaneously and/or loop back on one another. The process of coordination can begin at the school or district level. Eventually coordination will need to occur at both levels.

The steps are designed for school administrative units, such as the Healthy Maine Partnership sites, that have hired a person to coordinate their school health programs. Schools or units without a coordinator would need to work toward hiring a coordinator by completing preliminary activities such as the following:

GETTING STARTED: PRELIMINARY STEPS

Meet informally with a small group of community members and/or school staff.

- < Share perceptions about the need for and benefits of Coordinated School Health Programs (CSHP) in the local school administrative unit. Discuss the possibility of forming a School Health Council and hiring a coordinator.

If interest is sufficient, organize an ad hoc group or task force¹ to develop an advocacy plan for CSHP. Include the following types of activities in this plan:

- < Gather general information about 1) student health needs, 2) quality and coordination of existing school health programs, 3) existing school health-related committees, 4) state mandates regarding the components of school health programs, and 5) best practices for school health programs.
- < Design a brief presentation that includes information on the health needs of students, the connections between health and educational success, and the benefits of coordinating school health programs.
- < Decide which member of your ad hoc group will contact which formal and informal leaders in the school and community to increase awareness and assess support/readiness.
- < Recruit help from influential school decision-makers who strongly support CSHP implementation.
- < Make presentations and distribute information to build awareness and support among community and school groups.

¹ This group is external to the governance structure of the School Administrative Unit

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Support/encourage the adoption of a school policy and the allocation of resources for CSHP.

- < Support the school board and administration as they take these important steps to coordinate health-related programs. The policy may include the purpose of CSHP, guidelines for the formation of a school health council and/or leadership team, a description of the roles and responsibilities of the school health coordinator, and how both council and coordinator would fit within the administrative structure.
- < Advocate for a budget to include funds to hire at least a part-time school health coordinator and to cover the activities of a school health leadership team and/or school health advisory council.

Offer to help during the transition period.

- < Help to recruit and/or interview qualified candidates for the school health coordinator position.
- < Offer to participate in the leadership team or advisory council for CSHP.

STAGE 1. ESTABLISHING ESSENTIAL STRUCTURES

Step 1. Hire a school health coordinator and define/clarify his or her responsibilities.

- < School health coordinators have multiple roles and responsibilities, including facilitation of school health council meetings, delegation of tasks to council members, presentations at School Board meetings, and advocating for improvements in, and coordination of, school health programs. (See *School Health Coordinator Toolbox* for more details.)
- < Providing direct services, teaching health education and coaching are *not* appropriate responsibilities for the coordinator.
- < A written and approved job description may be helpful in clarifying this new role.

Step 2. Gain support from school leaders.

- < Meet with building and central office administrators, and with others that are informal leaders among staff.
- < Explain benefits of a CSHP, especially the positive impact on health, which in turn affects educational success.
- < Explain the connections between the instructional components of your work plan and the State of Maine *Learning Results*.
- < Connect the coordination of the school health program to other “hot topics” and priorities for school improvement, e.g., development of local codes of conduct for students based on the report of the Maine Commission on Ethical and Responsible Student Behavior.

Step 3. Increase awareness about CSHP within the school and community.

- < Get the word out to a wide audience. (It’s harder to be “down” on something that you are “up” on.)

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- < Keep the message simple and avoid jargon. For example, phrases like “healthy school,” “healthy students,” “healthy children are better learners” will be easier for many to understand than “coordinated school health programs.”
- < Tailor the message to your audience. Step 2 gives examples of messages that are important to school administrators. In addition, business leaders are likely to be interested in how school health programs can contribute to a productive work force, while physicians may be more interested in how it will meet student health needs.
- < Listen carefully to ideas and concerns. This will strengthen your work and can indicate barriers that need to be addressed.

Step 4. Recruit members for appropriate committee(s)/team(s)--e.g., School Health Council and/or School Health Leadership Team--to guide and assist with coordination.

- < The purposes of the committee(s) are to develop, guide, implement and evaluate a work plan for coordinating quality school health programs.
- < The structure and membership of the group(s) that perform these functions will depend on many factors, including the population size, geographic area, and health needs of the School Administrative Unit. In small rural communities, it may be more appropriate to organize one group with community and school members, rather than an advisory council (with primarily community representatives) and a separate school leadership team (with primarily school representatives).
- < The team(s) should include representatives from the eight component areas within the school system and their counterparts from the community at large. Students and family members are critical participants in addition to administrators, school staff and health professionals.
- < Coordinate membership and function of the coordinated school health groups with existing groups. For example, an existing planning group, such as a Safe and Drug-Free Schools committee, could evolve into a School Health Council. Include members of any ad hoc planning groups (see Step 2). If a new group is created, be sure to establish links to existing related groups through regular communication, by identifying a liaison or representative from one group to another, by establishing one group as a subcommittee of another, or through other means.
- < See the *School Health Coordinator Toolbox* for more information and worksheets on the functions and membership of committees/teams.

Step 5. Establish a strong team.

- < Take time to build good working relationships and to develop ownership among team members from the beginning. This will improve effectiveness and help to prevent problems later on.
- < Develop a vision for CSHP. (Where do you want to go?)
- < Decide on a mission for your team/committee(s) in reaching this vision. Link this to the school system’s vision and mission.

Step 6. Discuss group process including effective communication, participatory decision-making and conflict resolution. You may also want to recognize different learning and personal styles and how these affect the function of the group.

- < Share diverse perspectives on health promotion and systems change.

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- < Develop a common language. Example: agree on definitions of health components, community, partnership, and systems change.
- < Facilitate action and change by providing opportunities for involvement, building skills and by giving recognition or incentives to team/committee members.

STAGE 2. ASSESSING NEED: WHERE ARE WE NOW?

Step 7. Assess student health needs.

- < Use formal and informal methods for gathering information about student health risks and assets. This should include quantitative (statistical) and qualitative data (stories, opinions).
- < Inquire about and collect existing information about staff, family and community needs and assets.

Step 8. Complete a formative (program) evaluation.

- < Gather information about the existence and perceived importance of health-related school programs and services.
- < Assess the existence and perceived importance of school policies and coordination structures, such as the school health coordinator and leadership team.
- < Gather information from a variety of stakeholders such as students, staff, administrators, parents and community members.
- < Use a valid and reliable tool to gather this information. (See publications by Fetro, Kane, Bogden and Centers for Disease Control, 1997, under *References and Resources* at the end of this chapter.).
- < Identify and analyze key findings from the program needs assessment, focusing on items that are ranked as high in importance and low in existence, or high in importance and high in existence. (See *School Health Coordinator Toolbox* for worksheet entitled “Analyzing Program Needs Assessment Results.”)
- < Create a short written report that summarizes key findings and includes general recommendations for improvements. (See *School Health Coordinator Toolbox* for “CSHP Assessment Report Outline.”)

STAGE 3. PLANNING: HOW WILL WE GET WHERE WE WANT TO GO?

Step 9. Use assessment findings to help set priorities.

- < Consider other important factors along with the formative evaluation report when setting priorities. These may include student health needs, best practices for CSHP, feasibility, resources, current “hot” topics of interest to key players, visibility, state mandates, or grant requirements. (See *School Health Coordinator Toolbox* for “Priority Setting Worksheet.”)
- < Priorities should include strengths that need to be sustained as well needs or challenges that need to be addressed.

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Step 10. Develop a multi-year action plan to address priorities.

- < Link the action plan to the vision for CSHP and mission of the team(s)/committee(s).
- < Be careful about the number and scope of tasks taken on. It will take at least several years to implement and coordinate all components.
- < Coordination will need to be an ongoing process. Try to find a balance between shorter- and longer-term objectives.
- < For each priority or objective, identify tasks or activities, person(s) responsible, resources, timeline, process, and outcome evaluation measures. (See *School Health Coordinator Toolbox* for sample action plan form).
- < Develop a plan for addressing barriers and concerns regarding work plans, staff support, and coordinator position.
- < Incorporate other steps below into the action plan as appropriate, e.g., policy development, professional development, continued communication, and advocacy.

Step 11. Decide how the team or council wants to organize itself to complete the action plan.

- < Set up task groups or subcommittees to work on the action plan.
- < Identify people who can help complete the action plan who may not be a member of the team or council.

STAGE 4. IMPLEMENTATION AND EVALUATION: HOW WELL ARE WE DOING?

Step 12. Arrange for training and support.

- < Set up system-wide staff development to raise awareness about the benefits of CSHP. Emphasize that everyone shares the responsibility for, and can contribute to, healthy students and a healthy school.
- < Organize activities and training as needed to support the internal functioning of the committee(s) and to facilitate the completion of the action plan. Examples include team-building or other skill-building activities for the team(s)/committee(s), and/or professional development for health teachers on Life Skills Training.

Step 13. Monitor and document process and progress toward achieving action plan objectives (process evaluation).

- < Discuss progress on the action plan at regular team/committee meetings. Identify successes, challenges and strategies for addressing challenges.
- < Review the processes being used to increase coordination. For example: How well are the coordinator and groups functioning?
- < Adjust activities and timeline as needed.

Step 14. Provide ongoing communication, advocacy and training about CSHP.

- < Regularly publicize school health activities and accomplishments in school and community media. Events that can be photographed seem to be of most interest to the media, but press releases are also a good idea.

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- < Regular communication and training help to address changes in personnel (especially of key players) and help to maintain the momentum for change.
- < The goal is to eventually saturate the school and community with consistent and reinforcing health promoting messages.

STAGE 5. EVALUATION, CELEBRATION AND SUSTAINABILITY: HOW WILL WE KNOW WHEN WE GET WHERE WE WANTED TO GO?

Step 15. Evaluate and report on the impact of the action plan for coordinating a quality school health program.

- < Identify improvements in the quality of each component.
- < Identify increases in coordination among school components and between school and community services and programs. (See publication by Valois and Hoyle in the *References and Resources* following this chapter for sample evaluation methodology.)
- < Report regularly on action plan progress and CSHP impact to school administrators, to the school board or committee, and other appropriate groups.
- < Organize a gathering at least once a year to recognize those who have contributed to the quality and coordination of school health.

Step 16. Advocate with the school board and administration to formalize CSHP.

- < Work with the team/council to advocate for policy, procedures and/or funding that will sustain changes, e.g., the coordinator position and council/team(s) operation.

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REFERENCES AND RESOURCES

- Allensworth, D. (1994) The research base for innovative practices in school health education at the secondary level. *Journal of School Health*. 64(5): 180-187.
- Allensworth, D. , Kolbe, L.J. (Eds.)(1987) The comprehensive school health program: Exploring an expanded concept. *Journal of School Health* . Special Issue 57(10)
- American Cancer Society (1999) *Improving School Health: A guide to school health councils*. Atlanta, GA: Author.
- American Cancer Society (2000) *School Health Program Elements of Excellence: Helping children to grow up healthy and able to learn*. Atlanta, GA: Author.
- Bogden, I.F. and Vega-Matos, C.A. (2000) *Fit, Healthy, and Ready to Learn: A school health policy guide*. Alexandria, VA: National Association of State Boards of Education.
- Centers for Disease Control and Prevention. (1994) Guidelines for school programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report* 1996, 43 (No. RR-2), 1-18.
- Centers for Disease Control and Prevention.(1996) Guidelines for school health programs to promote healthy eating. *Morbidity and Mortality Weekly Report* 45 (No. RR-9: 1-42 (p. 5, #104)
- Centers for Disease Control and Prevention (1997) *Coordinated School Health Program Infrastructure Development: Process evaluation manual*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention..
- Centers for Disease Control and Prevention (1997) *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2000) *School Health Index for Physical Activity and Healthy Eating*. Atlanta, GA: U.S. Public Health Service.
- Centers for Disease Control and Prevention (2001) *Guidelines for School and Community Programs to Prevent Unintentional Injuries and Violence*. Atlanta, GA: U.S. Public Health Service.
- Degraw C. (1994) A Community-Based School Health System: Parameters for developing a comprehensive student health promotion program. *Journal of School Health*. 64 (5): 192-200.

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- Education Development Center (1999) *Talking About Health is Academic: Six workshop modules for promoting a coordinated approach to school health*. Newton, Ma: Author. (Contact EDC: (800) 225-4276 or (617) 969-7100.)
- Fetro, J. (1998) *Step by Step to Health-Promoting Schools*. Santa Cruz, CA: ETR Associates. (800) 321-4407; (831) 438-4060.
- Hawkins and Catalano (1990) Broadening the Vision of Education: Schools as health-promoting environments. *Journal of School Health* 60, 178-181
- Howley, N. (1999) *Why Support a Coordinated Approach to School Health?* Atlanta: Council of Chief State School Officers..
- Hoyle, T. (1996) The Mariner Model: Charting the course for health-promoting schools and communities. Summerville, SC: Hoyle and Associates.
- Institute of Medicine (1997) *Schools and Health: Our nation's investment*. Washington, D.C.: National Academy of Sciences, Institute of Medicine.
- Kane, W. (1993) *Step by Step to Comprehensive School Health Programs*. Santa Cruz, CA: ETR Associates. (800) 321-4407; (831) 438-4060.
- Maine Children's Cabinet. (2001) *Maine Marks for Children, Families and Communities: Leading by Results*. Augusta: State of Maine.
- Maine Department of Education. (1997) *State of Maine Learning Results*. Augusta, ME: Maine Department of Education.
- Marx, E and Wooley, S. (Eds.) (1998) *Health is Academic: A Guide to Coordinated School Health Programs*. New York City: Teachers College Press.
- McKenzie, F. and Richmond, J. Linking Health and Education: An overview of coordinated school health programs. In Marx and Wooley (eds.) (1998) *Health is Academic: A Guide to Coordinated School Health Programs*. New York City: Teachers College Press.
- Rogers, E. (1995) *Diffusion of Innovations* (4th ed.) New York: The Free Press.
- St. Leger, L. (1999) The opportunities and effectiveness of the health promoting primary school in improving child health: A review of the claims and evidence. *Health Education Research: Theory and Practice*. 14:1, 51-69.
- US Department of Health and Human Services (2000) *Healthy People 2010: Understanding and improving health*. Washington, DC: US Department of Health and Human Services.

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Valois, R. F., and Hoyle, T. B. (2000) Formative Evaluation Results from the Mariner Project: A coordinated school health pilot program. *Journal of School Health*; 70 (3): 95-103.

World Health Organization (1996) Research to Improve Implementation and Effectiveness of School Health Programmes. Geneva: World Health Organization.